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21394 7590 06/09/2005

ARTROCARE CORPORATION
680 VAQUEROS AVENUE
SUNNYVALE, CA 94085-3523
09/14/2005 CNGUYEN1 00000079 500359 09839427

01 FC:1504 300.00 DA
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Michelle Nalley	
(Signature)	
Sept. 9, 2005	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/839,427	04/20/2001	Jean Woloszko	G-1	1754

TITLE OF INVENTION: DUAL MODE ELECTROSURGICAL CLAMPING PROBE AND RELATED METHODS 09/15/2005 HDEMESS2 00000007 500359 09839427

01 FC:1501 1400.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	09/09/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
COHEN, LEE S		3739	606-041000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 JOHN T. RAFFLE
2 RICHARD R. BATT
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ARTHROCARE CORPORATION

AUSTIN, TEXAS

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Typed or printed name RICHARD R. BATT

Date 09/09/2005

Registration No. 43,485

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